

**VIRGINIA DMHMRSAS RFP#720C-04161-08R AUTOMATED PHARMACY SYSTEM APPLICATION
AND SUPPORT SERVICES**

OFFEROR QUESTIONS / DEPARTMENTAL RESPONSES

Sheet #4

Dated 4/22/08

1. Will these have the metrics that I have been seeking?

a. FTE's per facility or Total

Answer: Please see Table 1, Section G. TRAINING AND SUPPORT GUIDANCE for pharmacy staff figures.

b. Inpatient Admissions (Total or per facility) via (monthly or annual)

Answer: Annually, there are approximately 7,000 inpatients that receive medications. The DMHMRSAS's average census is approximately 3,000.

c. Outpatient Admissions per facility (Total or per facility) via (monthly or annual)

Answer: Data Unavailable

d. Annual Operating Expenses for DMHMRSAS

Answer: Specific to pharmacy operations, approximately \$26, 000, 000 annually (Inpatient only), Approximately \$20,000,000 annually (Outpatient only).

e. Concurrent Users (Total or Per Facility)

Answer: Please see VIRGINIA DMHMRSAS RFP#720C-04161-08R, Table 1, Section G. TRAINING AND SUPPORT GUIDANCE for pharmacy staff figures to reflect concurrent users and responses to Round 2 questions.

2. Please elaborate on the following:

8.37	I/ O	Functionality for electronic reconciliation with third parties insurances
------	---------	---

Do you simply mean online adjudication or something else?

Answer: Yes, to include electronic eligibility, ("E1" transaction), claims adjudications with payment reconciliation, allowable payment, patient co-payment amounts, etc.

2. Please elaborate on the following:

Admin. Reports: number of outpatients and or inpatients per user defined date, time interval, location, number of new prescriptions, number of refills paid & unpaid (third party analysis)

In terms of refills paid and unpaid (third party analysis), are you looking for functionality that tracks collection from third party after a claim is adjudicated?

Answer: Yes.

3. Please elaborate on the following:

9.14	I/O	Variance report between usual charge and third party allowed charge
------	-----	---

Do you mean cash charge when you refer to "usual charge" and third party reimbursement when you say "third party allowed charge?"

Answer: Yes; defined as the variance between a pharmacy billed amount ("usual and customary" charge) versus third party reimbursed amount.

4. Floor Stock/ Drug File: 1.77 – User allowed to override

Question: User override for what?

Answer: User defined for updating or changing the floor stock or drug file as function of an inventory management module.

5. Outpatient Billing: 13.14 – Supports on line electronic medication billing via point of sale technology of third party insurances. Question: Can you please elaborate with more detail?

Answer: See 4.105 and 12.01 in Attachment D or visit the following web site address for additional information, (<http://ncdpd.org/>).

6. We support medication reconciliation, but need more specific information regarding MDS. Please clarify.

	The system provides a means to perform medication reconciliation meeting state, federal and accrediting agency standards using an MDS	D	N		
--	---	---	---	--	--

Answer: The Minimum Data Set is the current data set that *generally* utilized by the DMHMRSAS for data import / export. Please see the Joint Commission (JCAHO) requirements regarding medication reconciliation, (<http://www.jointcommission.org/>).

7. Are you are looking for reconciliation of adjudicated claims or receipt of payment from carrier?

14.04	I/ O	Electronic 3 rd Party Reconciliation	M	???		
-------	---------	---	---	-----	--	--

Answer: Both

8. Please clarify.

14.06	I/ O	Managing Payments	M	???		
-------	---------	-------------------	---	-----	--	--

Answer: Please see section 14.07 – 14.10 Program Functional Requirements (FR) for individual items and related specifications.

9. Please clarify.

15.29	I/ O	Compliance Reports	M	?		
-------	---------	--------------------	---	---	--	--

Answer: Compliance reports related to nonformulary / formulary medication orders.

10. Can you please provide a link to Virginia regulation?

18.06	I/ O	Supports processing and dispensing of outpatient and discharge prescriptions to meet all Virginia regulations and 3rd party billing requirements.	M			
-------	---------	---	---	--	--	--

Answer: www.dhp.state.va.us/Pharmacy/. Scroll to “Laws and Regulations Governing Pharmacy Practice”. The Prescription Monitoring Program Link is located here as well.

11. Please clarify.

18.28	I/ O	Supports a pharmacy work flow evaluation module	H	?		
-------	---------	---	---	---	--	--

Answer: “Pharmacy Workflow Evaluation” – E.g., an “order status cue” where orders are held and aggregated by status such as active orders, pending orders, non-active orders.

12. Is this referring to adjudicated, or receipt of reimbursement?

9.12	I/ O	Admin. Reports: number of outpatients and/or inpatients per user defined date, time interval, location, number of new prescriptions, number of refills paid & unpaid (third party analysis)	H			
------	---------	---	---	--	--	--

Answer: See response to #2, above.

13. I noted on the Workstation Specs listing you sent out on 4-18-08 that Hiram Davis Medical Ctr. Is supporting two other facilities (Southside Va. Training Center & Central State Hospital) the # of current Pharmacist users is rolled up into Hiram Davis. My question is this: Since you do not list any Workstations at either of the supported facilities nor do you list Pharmacists at these facilities – can I assume for bidding purposes that there is no personnel at either supported facility accessing the desired Automated Pharmacy Software (Receiving and Filling Orders) and these facilities are entirely supported remotely through Hiram Davis?

Answer: Yes; additional licenses may be added during the negotiations phase of the RFP.